

KDADS STANDARD POLICY

Policy Name:	Autism, Frail Elderly, Physical Disability, Technology Assisted and Traumatic Brain Injury Person-Centered Service Plan	Policy Number:	M2018-041
Commission:	Community Services and Programs	Date Established:	4.9.2018
Applicability:	HCBS AU, FE, PD, TA and TBI Waivers	Date Last Revised:	
Contact:	Applicable Program Manager	Date Effective:	7.9.2018
Policy Location:	http://www.kdads.ks.gov/commissions/home-community-based-services-(hcbs)/hcbs-policies	Date Posted:	4.16.2018
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Revision History			

Purpose

The purpose of this policy is to explain the Person-Centered Service Plan requirements found in 42 CFR § 441.301 and the 1915 (c) Home and Community Based Services (HCBS) Frail Elderly (FE), Physical Disability (PD), Technology Assisted (TA) and Traumatic Brain Injury (TBI) waivers and to detail the process for creation of the Person-Centered Service Plan.

Summary

This policy provides requirements for the implementation of a person-centered planning process, and aims to describe for 1915 (c) waiver participants, what to expect though the development and implementation of a person-centered plan. This policy also provides information regarding applicable Person-Centered Service Plan forms and documents, elements for the 1915(c) HCBS waiver's plan of care quality assurance compliance, and the procedures, timelines and responsible parties governing the Person-Centered Service Plan and implementation activities.

Entities/Individuals Impacted

- HCBS 1915 (c) FE, PD, TA and TBI waiver participants and participant designated legal representatives
- HCBS 1915 (c) FE, PD, TA and TBI waiver service providers
- Managed Care Organizations (MCOs)
- Kansas Department of Aging and Disability Services (KDADS)
- Kansas Department of Health and Environment (KDHE)

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I. Policy

A. Person-Centered Service Plan

1. The current “Integrated Service Plan” shall now be referred to as the “Person-Centered Service Plan.”
2. The Person-Centered Service Plan and all associated processes conducted to establish a participant’s finalized plan shall meet all requirements set forth in 42 CFR § 441.301 and the requirements set forth in the 1915 (c) HCBS FE, PD, TA and TBI waivers.
3. The Person-Centered Service Plan and associated process shall be the document of record demonstrating compliance with 42 CFR § 441.301 and the requirements found within the 1915 (c) HCBS waivers.
4. No Person-Centered Service Plan shall be amended or otherwise changed without the participation of the individual and in compliance with 42 CFR § 441.301 and the 1915 (c) HCBS waivers.
5. All participants of a 1915 (c) HCBS waiver shall have a Person-Centered Service Plan completed by their Managed Care Organization.
6. MCOs may use contracted entities to assist in the development and monitoring of the plan, but will have primary responsibility for Person-Centered Service Plan development and accountability to deliver all Medicaid covered services included in a member’s Person-Centered Service Plan.
7. The development of the Person-Centered Service Plan shall be conflict free, as defined by 42 CFR § 441.301 (c) (1) (vi).
8. MCOs shall follow the timeframes established in their current contract relating to Person-Centered Service Plans, meetings, signatures etc.
9. All Person-Centered Service Plan templates and forms developed by MCOs must be submitted to KDADS for annual approval (every 365 calendar days), and prior to use. This requirement applies to any proposed changes to approved templates or forms. KDADS will have thirty (30) calendar days to approve or request changes to any templates or forms included in the Person-Centered Service Plan planning process.

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B. Person-Centered Service Plan Meeting

1. The Person-Centered Service Plan meeting refers to, at a minimum, the annual (once every 365 calendar days or less), face-to-face meeting where a participant develops their Person-Centered Service Plan with the support of any designated legal representatives, guardians, informal supports, or service providers requested by the participant.
2. Additional Person-Centered Service Plan meetings may be necessary due to changes in condition or circumstance that require updates to the participant's plan, which would impact the scope, amount or duration of services included in the Person-Centered Service Plan. The following changes in condition or circumstance necessitate a Person-Centered Service Plan meeting to ensure the plan meets the participant's wishes and needs:
 - a) Change in functional ability to perform two or more Activities of Daily Living (ADLs) or three or more Instrumental Activities of Daily Living (IADLs) compared to the most recently assessed functional ability;
 - b) Change in behaviors that may lead to loss of foster placement or removal from the home;
 - c) Significant change in informal support availability, including death or long-term absence of a primary caregiver, and/or any participant identified changes in informal caregiver availability that results in persistent unmet needs that are not addressed in the most recently developed Person-Centered Service Plan;
 - d) Post-transition from any alternate setting of care (i.e.: state hospital, nursing home, etc.), when the participant was not residing in a community-based setting for thirty days or greater;
 - e) Upon the request of any waiver participant, guardian or legal representative;
 - f) Any health and/or safety concern;
 - g) Any change in needs for an HCBS recipient not listed above.
3. A Person-Centered Service Plan meeting shall be held, subject to the convenience of the individual, upon MCO notification or awareness of necessitating circumstances.

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4. MCOs shall conduct one face-to-face or telephonic visit with the participant within 30 days of transitions from any alternate setting of care, after which the MCO must follow up with quarterly telephone calls and face-to-face visits every six months.

- a) Face-to-face is the preferred method of contact for this visit.

II. Procedures

A. Person-Centered Service Plan Meeting Participant Selection

1. The participant, participant's designated legal representative, and MCO Care Coordinator are required to participate in the Person-Centered Service Plan Meeting.
2. MCO Care Coordinators shall participate in Person-Centered Service Plan meetings in-person.
3. The participant or participant's legal representative shall identify who shall attend the Person-Centered Service Plan meeting, in addition to the required participants.
4. The MCO Care Coordinator shall invite known Person-Centered Service Plan providers to attend in-person, telephonically or through video conference, unless otherwise directed by the participant.
 - a) The MCO shall honor and document any specific participant requests to exclude a provider from participating in the Person-Centered Service Plan meeting.

B. Person-Centered Service Plan Meeting Coordination

1. The MCO Care Coordinator shall schedule a face-to-face Person-Centered Service Plan meeting at a date and time that is convenient for the individual pursuant to CFR 441.301(c)(1) (111).

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a) MCOs shall make at least three attempts to schedule the in-person Person-Centered Service Plan meeting and shall document in writing if they receive no participant response after three attempts.

2. MCO Care Coordinators shall ensure that Person-Centered Service Plan meeting participants who attend via telephone or video conference, are participating from a location that does not risk violation of privacy standards, such as the Health Insurance Privacy and Portability Act (HIPPA), including the improper sharing of protected health information about participants.
3. MCO Care Coordinators shall work with the participant and Person-Centered Service Plan participants to establish a meeting strategy that will allow remote participation without risk of improper disclosure of protected health information.

C. Direction of the Person-Centered Service Plan Meeting

1. The Person-Centered Service Plan meeting is to be directed by the participant or their designated legal representative as delegated by the participant.
2. The MCO Care Coordinator will support the participant or legal representative in leading the meeting, effectively coordinating the planning process and ensure that all the required components are completed.

D. Participant Choice, PII, and Rights and Responsibilities Forms

1. Review and/or facilitation of completing the Participant Choice, PII, and Rights and Responsibility forms shall be included in the Person-Centered Service Plan meeting.
2. Participant Choice Form
 - a) The participant choice form is a standard form that educates participants on choice of services, providers, community-based vs. institutional alternatives, and self-direction vs. agency-direction models of service delivery.

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- b) MCOs, or their designee, shall provide the form to participants or their legal representatives prior to the Person-Centered Service Plan meeting.
- c) The form shall allow the participant to select the preferred format for the provision of all documents provided during the Person-Centered Service Plan.

3. Participant Interest Inventory (PII)

- a) The participant interest inventory is a Person-Centered Service Plan related document that allows the participant to self-assess personal preferences, strengths, weaknesses, and goals prior to completing the Person-Centered Service Plan meeting. A PII must be completed for all individuals on the FE, PD, TA, and TBI waivers.
- b) The MCO Care Coordinator shall coordinate sending the PII to the participant prior to the Person-Centered Service Plan meeting. The participant and/or participant representative may complete this document prior to the meeting, or during the Person-Centered Service Plan meeting, based on participant preference, with assistance from the MCO Care Coordinator as required.
 - i. Completion of the PII prior to the Person-Centered Service Plan meeting is not mandatory, but encouraged, to facilitate person centered planning activities performed by MCO Care Coordinators.
 - ii. A PII shall be completed and documented before a Person-Centered Service Plan is finalized.
- c) Impacted entities shall use a standard form for the PII that has been approved by KDADS.
- d) The MCO shall ensure completion of the PII. The MCO may use a sub-contractor to facilitate PII completion.
 - i. The sub-contractor shall ensure the PII is forwarded to the MCO for inclusion in the Person-Centered Service Plan record.

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- e) During the meeting, the MCO Care Coordinator shall review the PII and provide education and explore the following:
 - i. service options that will assist the participant in progress toward established goals,
 - ii. identified care gaps, including assessing the participant's understanding of risks and consequences if gaps remain.
 - iii. The MCO Care Coordinator shall, in instances where a participant's preferences may put him or her at health or safety risk, verify, to the best of their ability, that the participant demonstrates understanding of risk, strategies to mitigate risks, consequences, and shall make appropriate referrals to address risks.
 - iv. restrictions to the participant's preferences, as stated in the PII or verbally,
 - v. additional community and social supports available to the participant, that may not be furnished directly by the MCO.
 - vi. Participants may use the assistance of non-paid supports, and shall be encouraged to engage with non-paid supports when completing the PII.
- f) PII components shall be documented within the Person-Centered Service Plan document.
- g) Required components of the PII development process include documenting an understanding of the participant's needs, wishes, strengths, and personal preferences.

4. Rights and Responsibilities Form

- a) The rights and responsibilities form will be furnished by the MCO, or their designee, to all participants to provide current information on their rights as KanCare participants, and to outline the responsibilities of participants and those individuals who direct their person-centered care.

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- b) Providers shall uphold rights and responsibilities activities, specific to service delivery, as defined in state regulation.
- c) The MCO Care Coordinator shall document verification that information was received and understood regarding the reporting of abuse, neglect, and exploitation; rights & responsibilities, and process for appeals and grievances, signed by the participant or participant's legal representative.

E. Coordination with the Individual Educational Plan (IEP)

- 1. If the participant has an Individual Educational Plan (IEP), the MCO Care Coordinator shall request a copy.
- 2. If a copy is available the MCO Care Coordinator shall coordinate both plans such that goals remain consistent between plans.

F. Development of the Back-Up Plan

- 1. The back-up plan shall be the responsibility of MCOs to complete as part of the Person-Centered Service Plan process. MCOs shall submit the back-up plan template to the State for approval prior to its use in the Person-Centered Service Plan process.
- 2. The MCO shall monitor the implementation of the established back-up plan, including performing any necessary updates to the back-up plan for inclusion in the participant's records.
- 3. It shall clearly indicate if the participant has a "disaster red flag designation" within the back-up plan.
- 4. Back-Up plans for participants with a disaster red flag designation shall address how the participant's care and health and safety needs will be met in the event of natural or other disasters regardless of the setting they reside in.

G. Documenting Participant Understanding of the Person-Centered Service Plan

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1. The MCO Care Coordinator shall obtain a signature of understanding from the participant or participant's designated legal representative prior to implementation of the Person-Centered Service Plan.
2. The plan's contents shall be clearly documented, including the scope, amount and duration of services established based on participant assessment and Person-Centered Service Plan development, when a signature is obtained.
3. MCOs retain the flexibility to design a participant-friendly signature page, but the template will be subject to the review and approval of the State.
4. The MCO Care Coordinator shall clearly educate the participant, or participant's legal representative that signing the Person-Centered Service Plan does not imply full agreement with the content of the plan.
5. A participant or participant's legal representative shall sign to acknowledge understanding and agreement or disagreement with the Person-Centered Service Plan whenever content adjustments are made that change the scope, amount or duration of services within the plan, including interim changes.
6. MCO Care Coordinators shall document that they provided education for the participant explaining that participant signature does not waive a participant's right to file a grievance or appeal.

H. Declining Signature of the Person-Centered Service Plan

1. If the participant or participant's designated legal representative declines signing the Person-Centered Service Plan, the MCO Care Coordinator shall document in writing this refusal, notify KDADS, and demonstrate at least three (3) documented attempts to obtain signature, which include:
 - a) live telephonic contact with the participant or participant's legal representative
 - i. voicemails left with no response are not considered as "live contact"
 - b) in-person contact, conducted at either the participant's home, a provider location, or at a site selected by the participant

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2. Documented correspondence shall be sent by the MCO to the participant advising that services on the Person-Centered Service Plan cannot be provided until the plan is signed by the participant/legal representative.

I. Documenting Provider Understanding of the Person-Centered Service Plan

1. Each service provider who will participate in the delivery of services shall sign a statement of understanding and consent to deliver the applicable services included in the Person-Centered Service Plan.
 - a) The MCO shall coordinate obtaining provider signatures.
 - b) Provider signature does not constitute approval or denial of the Person-Centered Service Plan. Provider signatures indicate an understanding of the Person-Centered Service Plan contents, and denotes a willingness and ability to deliver services within the scope, amount and duration established in the Person-Centered Service Plan.
2. The participant may request that their primary or specialty care providers sign their plan, if this request is made, the MCO Care Coordinator is responsible to obtain signature from these providers.
 - a) In the event the provider originally selected refuses to sign a statement of agreement, the MCO Care Coordinator shall provide education to the participant that services on the plan cannot be provided by a Provider who is unwilling to sign the plan.
 - b) The MCO Care Coordinator shall obtain another provider choice from the individual.
3. In the event the only willing provider of HCBS services refuses to sign the Person-Centered Service Plan, the MCO must obtain signed documentation from the party that they refuse to sign the plan and the MCO Care Coordinator shall notify the applicable HCBS Program Manager, in writing, of this refusal. MCOs shall proceed with services for providers who have signed the Person-Centered Service Plan.
4. When interim changes are made to a participant's Person-Centered Service Plan that change the scope, amount or duration of services within the plan, the

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MCO Care Coordinator must also obtain a signature from the impacted service providers.

5. Providers who fail to sign a statement of agreement will not be paid for services provided prior to MCO receipt of a signed statement from the provider.

J. Obtaining Physician/RN Statements for Health Maintenance Activities Supervised and Directed using a Consumer Directed Attendant/Personal Care Worker

1. The MCO Care Coordinator shall obtain a physician's statement certifying the supervision plan for performance of health maintenance activities.
 - a) The statement shall include documentation of the health maintenance activities and the identified supervising party.
2. The MCO Care Coordinator shall include the completed documentation in the Person-Centered Service Plan.

K. Confirming Appointed Designated Representatives and Paid Guardians

1. The Person-Centered Service Plan shall indicate if the participant has a designated legal representative and/or guardian.
2. The MCO Care Coordinator shall ensure the participant record includes designated representative and guardian details, including name, contact information and whether the individual is paid or unpaid to act as a guardian.

L. Providing a Finalized Person-Centered Service Plan

1. The MCO Care Coordinator shall supply the participant or participant's legal representative with a final Person-Centered Service Plan, once all parties have signed the agreement.
2. The MCO Care Coordinator shall sign the Person-Centered Service Plan as documentation of their participation in the process.
3. The final Person-Centered Service Plan shall be provided to the participant according to the method selected in the participant's completed choice form, within the timeframe established in the KanCare MCO Contract.

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4. The MCO Care Coordinator shall document participant confirmation of receipt of a finalized plan with either with date, time and method of confirmation.
5. The MCO Care Coordinator shall supply each of the participant's applicable providers with a copy of the Person-Centered Service Plan within the established timeframe of the Person-Centered Service Plan meeting.

M. Monitoring Implementation of the Person-Centered Service Plan

1. Once MCO Care Coordinators complete the Person-Centered Service Plan process they shall monitor delivery of the plan, including conducting a six-month face-to-face visit with the participant or participant's designated legal representative.
2. The MCO Care Coordinator shall document all contact with the participant or participant's legal representative, and update the Person-Centered Service Plan accordingly.

N. Required Timelines

1. Each MCO shall meet all required timelines regarding the Person-Centered Service Plan found in the respective 1915 (c) HCBS Waivers, and the current KanCare MCO Contracts.
2. To be considered compliant on timeliness, the Person-Centered service plan must be signed within 365 days of the previous plan's signature date.
3. The MCO Care Coordinator shall hold a face-to-face meeting with the participant at least every 6 months.

O. Assignment and Changing MCO Care Coordinators

1. A participant has the right to request a new MCO Care Coordinator.
2. MCOs shall document requests for re-assignment to a new Care Coordinator, and re-assign MCO Care Coordinators within 14 business days.

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3. For new MCO Care Coordinator assignments and any MCO Care Coordinator re-assignments, the participant or participant's legal representative must be notified in writing, within 30 calendar days of the change.

- a) Notification shall include:

- i. instructions for contacting the newly assigned Care Coordinator directly and toll-free
 - ii. instructions for a toll-free line that provides direct contact with a live person in the event the Care Coordinator is unavailable to answer participant questions

4. In the event an individual requests a new Care Coordinator more than 3 times, the MCOs shall follow their internal policies and procedures to address the issue.

- a) The MCOs internal policy must include an appeal and grievance process.

P. Conflict Resolution

1. Participants and participant's designated legal representatives retain the right to disagree with the process and/or outcome of the Person-Centered Service Plan contents and can invoke their grievance and appeals rights at any point in the following process.
2. If the MCO is unable to resolve a Person-Centered Service Plan related conflict with the participant, the MCO shall facilitate a "warm transfer" to the KanCare Ombudsman, who will then assist with the following actions:
 - i. Engaging the MCO in informal conflict resolution activities, the outcome of which shall be documented by both the MCO Care Coordinator, as well as the KanCare Ombudsman.
 - ii. Referring unresolvable conflict to state officials within KDADS or KDHE as necessary to ensure the safety and wellbeing of participants.

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- iii. Assist participants to understand the State’s Medicaid fair hearing process, grievance and appeal rights, and assist participants in navigating those processes and/or accessing community legal resources, if needed/requested.

III. Quality Assurance and Documentation

- A. The waiver participant or designated legal representative’s signature, shall be required to meet all waiver Plan of Care performance measures provided in the HCBS 1915 (c) waivers.
- B. The choice of providers offered to individuals shall be consistent with the time and distance or other standards outlined in the KanCare MCO contracts. A choice of state-wide providers shall not be required unless specifically requested by the waiver participant.

III. Definitions

Activities of Daily Living (ADL)- routine activities that people tend to do every day without needing assistance. There are six basic ADLs: eating, bathing, dressing, toileting, transferring (walking) and continence.

Agency-directed- the traditional service delivery model. A qualified agency hires, fires, pays and trains direct service workers to provide services to individuals.

Alternate Setting of Care- includes Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID), Psychiatric Residential Treatment Facilities (PRTF), Nursing Facilities, State Hospitals and settings of incarceration.

Back-Up Plan-The back-up plan is a component of the Person-Centered Service Plan that documents how a participant’s needs will be met when there are disruptions in the plan(s) established in the participant’s Person-Centered Service Plan.

Disaster Red Flag Designation- An indication an individual has increased risk of harm during emergency or other disaster events. This is typically attributed to dependence on electricity for life sustaining equipment, dependence upon life sustaining medication, etc.

Health Maintenance Activities: include monitoring vital signs, supervision and/or training of nursing procedures, ostomy care, catheter care, enteral nutrition, wound care, range of motion, reporting changes in functions or condition, and medication administration and assistance.

Instrumental activities of daily living (IADL)- activities often performed by a person who is living independently in a community setting during a normal day. IADLs include managing money, shopping, telephone use, travel in the community, housekeeping, preparing meals and taking medications correctly.

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Individual Educational Plan (IEP)- defined by the Kansas Special Education Services Process Handbook as “as a written statement for each student with an exceptionality which describes that child’s educational program and is developed, reviewed, and revised in accordance with special education laws and regulations.”

Legal Representative – refers to any durable power of attorney or legal representative assigned by court or selected by the participant, and/or legal guardian.

Person-Centered Service Plan - a written service plan developed jointly with an individual (and/or the individual’s authorized representative) that reflects the services and supports that are important for the individual to meet the needs identified through a needs assessment, what is important to the individual regarding preferences for the delivery of such services and supports and the providers of the services and supports. (42 CFR § 441.725(a) and (b)).

Self-Direction- participants or their representatives have decision-making authority over certain services and take direct responsibility to manage their services with the assistance of a system of available supports.

Warm Transfer- the individual is connected to a new staff member such that the individual does not need to repeat their story to different workers.

Authority

1915(c) HCBS Waiver

KS.0303.R04.01 (FE)

KS.0304.R04.01 (PD)

KS.4165.R05.02 (TA)

KS.4164.R05.01 (TBI)

Federal Authority 42 CFR 441.301 Contents of request for a waiver

Related Information

KDADS Provider Qualification Policy

Public Comment Period: